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Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|---|------------------------|----------------------------|
| | | Application Number | 09/887,956 |
| | | Filing Date | June 22, 2001 |
| | | First Named Inventor | Bohdan T. Iwanojko, et al. |
| | | Group Art Unit | Not Yet Assigned |
| | | Examiner Name | Not Yet Assigned |
| Total Number of Pages in This Submission | 7 | Attorney Docket Number | 42390P11651 |

ENCLOSURES (check all that apply)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Formal Drawing(s) - 4 sheets | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| Postcard Check | | |
| Remarks | | |
| Please charge any insufficiencies, if any, or credit any overpayments to Deposit Account No 02-2666. | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | Jeffrey S. Schubert Reg. No. 43, 098 |
| Signature | |
| Date | July 11, 2001 |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: July 11, 2001

| | |
|-----------------------|---------------|
| Typed or printed name | Clara Wallin |
| Signature | |
| Date | July 11, 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

JUL 16 2001

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

| | | |
|-------------------------|------|--------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 296.00 |
|-------------------------|------|--------|

| Complete if Known | |
|----------------------|----------------------------|
| Application Number | 09/887,956 |
| Filing Date | June 22, 2001 |
| First Named Inventor | Bohdan T. Iwanojko, et al. |
| Examiner Name | Not Yet Assigned |
| Group Art Unit | Not Yet Assigned |
| Attorney Docket No. | 42390P11651 |

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely Sokoloff Taylor & Zafman**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

| | |
|---------------|---------------|
| Large Entity | Small Entity |
| Fee Code (\$) | Fee Code (\$) |

| | | | | | |
|-----|-----|-----|-----|------------------------|----------------------|
| 101 | 710 | 201 | 355 | Utility filing fee | <input type="text"/> |
| 106 | 320 | 206 | 160 | Design filing fee | <input type="text"/> |
| 107 | 490 | 207 | 245 | Plant filing fee | <input type="text"/> |
| 108 | 710 | 208 | 355 | Reissue filing fee | <input type="text"/> |
| 114 | 150 | 214 | 75 | Provisional filing fee | <input type="text"/> |

Fee Paid

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

| | | | | | | | | |
|--------------------|----------------------|---------|-----------|---|-----------|---|-------------|----------------------|
| Total Claims | 42 | -30** = | 12 | x | 18 | = | 216. | |
| Independent Claims | 5 | - 4** = | 1 | x | 80 | = | 80. | |
| Multiple Dependent | <input type="text"/> | | | | | | = | <input type="text"/> |

Extra Claims Fee from below

Fee Paid

Large Entity Small Entity

| | |
|---------------|---------------|
| Fee Code (\$) | Fee Code (\$) |
|---------------|---------------|

| | | | | | |
|-----|-----|-----|-----|--|----------------------|
| 103 | 18 | 203 | 9 | Claims in excess of 20 | <input type="text"/> |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 | <input type="text"/> |
| 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid | <input type="text"/> |
| 109 | 80 | 209 | 40 | ** Reissue independent claims over original patent | <input type="text"/> |
| 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent | <input type="text"/> |

SUBTOTAL (2) (\$)

* ** number previously paid, do not enter. For Reissues, add 50 to each claim

FEE CALCULATION (continued)

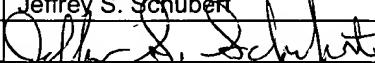
3. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description | Fee Paid |
|---------------------------|---------------|-----------------|----------|
| Fee Code (\$) | Fee Code (\$) | | |
| 105 | 130 | 205 | 65 |
| 127 | 50 | 227 | 25 |
| 139 | 130 | 139 | 130 |
| 147 | 2,520 | 147 | 2,520 |
| 112 | 920* | 112 | 920* |
| 113 | 1,840* | 113 | 1,840* |
| 115 | 110 | 215 | 55 |
| 116 | 390 | 216 | 195 |
| 117 | 890 | 217 | 445 |
| 118 | 1,390 | 218 | 695 |
| 128 | 1,890 | 228 | 945 |
| 119 | 310 | 219 | 155 |
| 120 | 310 | 220 | 155 |
| 121 | 270 | 221 | 135 |
| 138 | 1,510 | 138 | 1,510 |
| 140 | 110 | 240 | 55 |
| 141 | 1,240 | 241 | 620 |
| 142 | 1,240 | 242 | 620 |
| 143 | 440 | 243 | 220 |
| 144 | 600 | 244 | 300 |
| 122 | 130 | 122 | 130 |
| 123 | 130 | 123 | 130 |
| 126 | 180 | 126 | 180 |
| 581 | 40 | 581 | 40 |
| 146 | 710 | 246 | 355 |
| 149 | 710 | 249 | 355 |
| 179 | 710 | 279 | 355 |
| 169 | 900 | 169 | 900 |
| Other fee (specify) _____ | | | |

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

| | | | | |
|-------------------|---|--------------------------------------|--------|------------------------|
| Name (Print/Type) | Jeffrey S. Schubert | Registration No. (Attorney/Agent) | 43,098 | Complete if applicable |
| Signature |  | | Date | July 11, 2001 |

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.